

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	IMP SAY		10-19-01
O.I.P.E. CLASSIFIER		49	11-14-01
FORMALITY REVIEW	cmf	1122	11-16-01
RESPONSE FORMALITY REVIEW	4A	917	02-21-02

INDEX OF CLAIMS

✓ Rejected
 = Allowed
 - (Through numeral)... Canceled
 -+ Restricted

N Non-elected
 I Interference
 A Appeal
 O Objected

Claim	Date
1	12/02/00
2	11/30/01
3	12/02/00
4	12/02/00
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Claim	Date
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If more than 150 claims or 10 actions
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BEST AVAILABLE COPY

11/6/01 11/12/01
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